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TC 2827

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REMARKS:

☐ Urgent☐ For your review☒ Reply ASAP☐ Please comment

Application Number: 10/650,192
Filing date: August 27, 2003
First named inventor: Venkatraman, Ramnath
Attorney docket number: 03-0921

Transmitted herewith for filing via facsimile:

- Transmittal Form PTO/SB/21
- Fee Transmittal, PTO/SB/17
- Information Disclosure Statement (letter)
- Information Disclosure Statement by Applicant PTO/SB/O8A

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PAGE 1/5 * RCVD AT 7/19/2005 2:44:09 PM [Eastern Daylight Time] * SVR:USPTO-EFAX-6/29 * DNIS:2738300 * CSID:408 433 7460 * DURATION (mm-ss):01:46

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PTO/SB/21 (09-04)

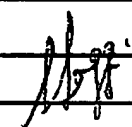
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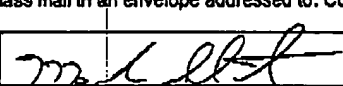
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/850,192	
	Filing Date	August 27, 2003	
	First Named Inventor	Venkatraman, Ramnath	
	Art Unit	2827	
	Examiner Name	Mai, Son L.	
Total Number of Pages in This Submission	4	Attorney Docket Number	03-0921

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <div style="text-align: center;">- IDS Filing</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LSI Logic Corporation		
Signature			
Printed name	Sandeep Jaggi		
Date	7-15-05	Reg. No.	43,331

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Signature			
Typed or printed name	Mark Salvatore	Date	7-19-05

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PTO/SB/17 (12-04/2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/650,192 Filing Date August 27, 2003 First Named Inventor Venkatraman, Ramnath Examiner Name Mai, Son L. Art Unit 2827 Attorney Docket No. 03-0921	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	180.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-2252 Deposit Account Name: LSI Logic Corporation	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Small Entity Fee (\$)	
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			Multiple Dependent Claims Fee (\$)	Fee Paid (\$)
- 20 or HP =		x	=				
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- 3 or HP =		x	=				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =		/ 50 =	(round up to a whole number) x	=			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge), IDS Filing							180

SUBMITTED BY		
Signature	Registration No. (Attorney/Agent) 43,331	Telephone (408) 954-4923
Name (Print/Type) Sandeep Jaggi		Date 7-15-05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT				<i>Complete if Known</i>	
				Application Number	10/650,192
				Filing Date	August-27, 2003
				First Named Inventor	Ramnath Venkatraman
				Group Art Unit	2827
				Examiner Name	Son L. Mai
Sheet	1	of	1	Attorney Docket No.	2911P / 03-0921

				U.S. PATENT DOCUMENTS		
Examiner Initials	Cite No.	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code (if known)			
		6,236,618		Roy	05-22-2001	
		6,594,196		Hsu et al.	07-15-2003	

Examiner signature		Date considered	
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